

Review Requirements Checklist

Dwelling Fire Personal Property

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Line(s) of Insurance/Business:

- Property; filing code 1.0000
- Earthquake; filing code 12.0000*
- Flood; filing code 2.3000*
- Personal; filing codes 1.0002, 12.0002*, 2.3002*

*This checklist applies to earthquake and flood when written as endorsements to a personal property or dwelling fire policy.

Links:

- [Illinois Compiled Statutes Online](#)
- [Administrative Regulations Online](#)
- [Product Coding Matrix](#)

All filings are public record in accordance with 215 ILCS 5/404 except where another provision of the Insurance Code says otherwise. The only code section that allows for a filing to be a trade secret or confidential is 215 ILCS 157/40 Use of Credit Information in Personal Insurance Act.

The Department's checklists include summaries that do not provide detailed information about all laws, regulations and bulletins. Therefore, the insurers should review the actual laws, regulations and bulletins to ensure forms are fully compliant before filing with the Department.

A form filing fee is required pursuant to 215 ILCS 5/408 (1)(jj).

LINE OF AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Must have proper Class and Clause authority to conduct this line of business in Illinois.	215 ILCS 5/4 List of Classes/Clauses	To write fire and allied lines insurance in Illinois, companies must be licensed to write: 1. Class 3, Clauses (a) and (b)

SERFF FILING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>The SERFF filing must contain specified information</p> <p>“Me too” filings are not allowed.</p>	<p>50 IL Adm. Code 753</p> <p>NAIC Uniform Transmittal Form</p>	<p>All companies must file, using the System for Electronic Rate and Form Filing (SERFF):</p> <ol style="list-style-type: none"> 1. Copies of all policy forms on these kinds of business and, for mutual companies, a separate proxy signature line for the insured to sign, if applicable; 2. Copies of generally used endorsement forms on these kinds of business; 3. Copies of all application forms used on these kinds of business, including a separate proxy signature line for the insured to sign if applicable; 4. A copy of the declaration page, in non-individualized, template form, absent personal policyholder information; and 5. A copy of the policy jacket, if used by the company. <p>All filings must be accompanied by a forms submission letter that includes:</p> <ol style="list-style-type: none"> 1. The name of the advisory organization or company making the filing; 2. Title, form number, and edition identification for the forms; 3. Information as to what Class and Clause coverage is written under; 4. Identification of all applicable endorsements and applications as to the policy forms for which the endorsements and applications are used; 5. Notification as to whether the filing is new or supersedes a present filing. <p>Identification of all changes in all superseding filings, as well as identification of all superseded forms, is required; and</p>

		<p>6. Effective date of use.</p> <p>Companies under the same ownership or general management are required to make separate individual company filings.</p> <p>Company Group (“Me too”) filings are unacceptable</p>
FILING SUBMISSION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
When forms must be filed.	50 IL Adm. Code 753	Forms must be received by the Department no later than their effective date of use.
Final printed forms must be filed.	50 IL Adm. Code 753	Typed or printer’s proof copies may be submitted for review, but must be re-filed in printed form. Statements, provisions, or endorsements may not be typed or superimposed on a policy or endorsement.
Requirements for company FEIN numbers.	Company Bulletin 88-53	<p>Company must include all Federal Employer Identification Numbers (FEINs) for companies making the filing.</p> <p>Please refer to Company Bulletin 88-53 for specific information and guidance.</p>
Forms under one filing number must have common coverage relationship.	Company Bulletin 88-53	<p>All forms under an assigned filing number must have some common coverage relationship (e.g. all forms in an auto filing must pertain only to auto, etc.).</p> <p>Please refer to Company Bulletin 88-53 for specific information and guidance.</p>
NO FILE OR FILING EXEMPTIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Manuscript endorsements are not required to be filed.	215 ILCS 5/143(3)	<p>Insurers are not required to file riders or endorsements prepared to meet special, unusual, peculiar, or extraordinary conditions applying to an individual risk.</p> <p>Because Section 143(3) exempts only riders or endorsements, policy forms applying to an individual risk must still be filed. In addition,</p>

		because Section 143(3) exempts only endorsements applying to an individual risk, if a company uses the same endorsement on more than one risk, such form no longer qualifies for the filing exemption and must be filed.
SIDE BY SIDE COMPARISON	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Form changes must be highlighted.	50 IL Adm. Code 753	Changes from currently filed forms must be highlighted.
THIRD PARTY FILERS AUTHORITY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Insurer may authorize an advisory organization to make a form filing on its behalf.</p> <p>Insurer may change or delay the effective date of an advisory organization form filing by properly notifying the Department.</p> <p>Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes proper authorization.</p>	50 IL Adm. Code 753	<p>Insurer may authorize an advisory organization, of which it is a member or subscriber, to file forms on its behalf, as long as the insurer has on file with the Department a forms authorization letter which includes:</p> <ol style="list-style-type: none"> 1) the name of the authorized advisory organization. 2) the kinds of business for which filings will be made. 3) authorization clause or language. 4) effective date of authorization. <p>Insurer may change or delay the effective date of an advisory organization form filing by notifying the Department. The notice shall include the insurer name, FEIN number, line of insurance, advisory organization name and filing number, and effective date desired.</p> <p>Insurer may authorize attorneys, consulting firms, etc. to submit form filings to the Department, as long as the filing includes a notice, signed by an authorized company officer, giving authority for the entity to act on the insurer's behalf on any issues related to the filing.</p>
AMBIGUOUS & MISLEADING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

The Director may disapprove a form filing if it contains inconsistent, ambiguous, or misleading clauses.	215 ILCS 5/143(2)	Director may disapprove any form that contains inconsistent, ambiguous, or misleading clauses.
APPLICATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Applications must be filed.	50 IL Adm. Code 753	Applications must be filed, including online/electronic applications.
APPRAISALS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for appraisal provisions.	215 ILCS 5/397 50 IL Adm. Code 753 215 ILCS 5/397.05 215 ILCS 5/143(2) 215 ILCS 5/143.13(b)	<p>Policy must contain an appraisal provision to conform to the Standard Fire Policy. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.</p> <p>When an insured requests an appraisal under a policy of fire and extended coverage insurance as defined in Section 143.13(b), and the insured's full amount of appraised loss is upheld by agreement of the appraisers or the umpire, then the insured's appraisal fee and umpire's appraisal fee must be paid by the insurer.</p>
ARBITRATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for arbitration provisions.	215 ILCS 5/397 50 IL Adm. Code 2301 710 ILCS 5/1 215 ILCS 5/143(2)	<p>Any controversy or claim arising out of or relating to the contract, or the breach thereof, may be settled within a reasonable time limit by arbitration administered by the American Arbitration Association in accordance with the Uniform Arbitration Act 710 ILCS 5/1.</p> <p>The arbitration may be binding on both parties, or non-binding upon the insured, but in all instances must be entered into on a voluntary basis, as the</p>

		insured must have the option of filing a lawsuit per Lines 157-161 of the Standard Fire Policy. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
BANKRUPTCY PROVISIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Policies that contain liability coverage must include a bankruptcy provision.	215 ILCS 5/388	All policies containing liability coverage must include a provision stating that insolvency or bankruptcy of the insured shall not release the company from its duties to pay under the policy.
CANCELLATION & NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not refuse to issue a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	No company shall refuse to issue a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
May not refuse to issue a policy because of space heaters.	215 ILCS 5/143.10c	Insurers may not refuse to issue a policy solely because a space heater is being used inside the dwelling.
Policy must contain cancellation provision.	215 ILCS 5/143.11	Policy must include a cancellation provision setting out the manner in which the policy may be cancelled.
CONDITIONAL RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for	215 ILCS 5/143.11b	Assignment or transfer of policies among or between insurers within an insurance holding company system or insurers under common management or control, or as a result of a merger, acquisition, or restructuring of an insurance company, is not a nonrenewal for purposes of the notification requirements.

purposes of the notification requirements.		A company making an assignment or transfer of a policy among or between insurers as stated above, must deliver to the named insured notice of such assignment or transfer at least 60 days prior to the renewal date. An exact and unaltered copy of the notice shall be sent to the insured's producer, if known, and agent of record.
60 days advance notice of renewal with changes in deductibles or coverages applicable to an entire line of business.	215 ILCS 5/143.17	If, at renewal, the insurer is imposing changes in deductibles or coverage for any policy forms applicable to an entire line of business, then written notice of the changes must be mailed 60 days prior to the renewal or anniversary date. Notification shall also be sent to the insured's broker, if known, or the agent of record, if known, and to the last known mortgagee or lien holder.
MINIMUM RETAINED PREMIUM	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Minimum earned premium provisions are prohibited.	215 ILCS 5/397 215 ILCS 5/143(2)	The Standard Fire Policy provides for pro rata return of premium if the insurer cancels the policy. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
NOTICE OF CANCELLATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Cancellation notice mailing requirements and requirements for canceling premium financed insurance contracts.	215 ILCS 5/143.14	Insurer must mail cancellation notice to the named insured and to the mortgagee or lien holder, and send copy of such notice to the insured's broker, if known, or the agent of record, at the last mailing address known by insurer. Insurer must maintain proof of mailing on a form acceptable to U.S. Post Office or other commercial mail delivery service. Section 143.14 also contains requirements for canceling premium financed insurance contracts

		and procedures for returning unearned premium. See law for specific details of requirements.
Number of days notice required for cancellation of policies and notice requirements.	215 ILCS 5/143.15	Insurers must mail cancellation notice to the named insured and to the mortgagee or lien holder, if known, at the last known mailing address, at least: 10 days prior to the effective date of cancellation for non-payment of premium; and at least 30 days prior to the effective date of cancellation for any other reason. All notices shall include a specific explanation of the reason(s) for cancellation.
Insurer must advise insured of eligibility for the Illinois FAIR Plan Association.	215 ILCS 5/143.22	When a policy is cancelled, other than for nonpayment of premium or evidence of incendiaryism, and if the location of the insured property is within the State of Illinois, insurers must notify named insureds of their eligibility for the FAIR Plan and explain the procedure to make application. Such notice must accompany or be included in the cancellation notice.
Cancellation notice must advise insured of right to request a hearing.	215 ILCS 5/143.23	If an insurer cancels a policy mid-term, for any reason except non-payment of premium, the cancellation notice must advise the named insured of the right to request a hearing to appeal such decision, and the procedure to follow for such appeal.
NOTICE OF NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for nonrenewal of a policy.	215 ILCS 5/143.17	Insurers must mail nonrenewal notice to the named insured at least 30 days in advance of the effective date. Insurer shall maintain proof of mailing on a recognized U.S. Post office form or other commercial mail delivery service. The notice of nonrenewal and proof of mailing shall be effected on the same date. Notification shall also be sent to the insured's broker, if known, or the agent of record, if known, and to the last known mortgagee or lien holder.

		All notices shall provide a specific explanation of the reason(s) for nonrenewal.
Insurer must advise insured of eligibility for the Illinois FAIR Plan Association.	215 ILCS 5/143.22	When a policy is nonrenewed, other than for evidence of incendiarism, and if the location of the insured property is within the State of Illinois, insurers must notify named insureds of their eligibility for the FAIR Plan and explain the procedure to make application. Such notice must accompany or be included in the cancellation notice.
Nonrenewal notice must advise insured of right to request a hearing.	215 ILCS 5/143.23	If an insurer nonrenews a policy, the nonrenewal notice must advise the named insured of the right to request a hearing to appeal such decision, and the procedure to follow for such appeal.
PERMISSIBLE REASONS FOR CANCELLATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not cancel because agent's contract with insurer was terminated.	215 ILCS 5/141.01	Insurers may not cancel any policy on the ground that the company's contract with the agent through whom the policy was obtained has been terminated.
May not cancel a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	Insurers may not cancel a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
Permissible reasons for cancellation after policy has been effective for 60 days or is a renewal policy.	215 ILCS 5/143.21	After a policy has been in effect for 60 days, or if a policy is a renewal policy, insurers may only cancel for one or more of the following reasons: a) nonpayment of premium; b) if a policy was obtained by misrepresentation or fraud; or c) for any act which measurably increases the risk originally accepted.
Payment of claim is not grounds for cancellation.	215 ILCS 5/143.21b	Insurers may not cancel a policy when the sole basis for such cancellation is the payment by the insurance company of a claim or claims against such policy.
Named insured must be given reasonable time to repair defects.	215 ILCS 5/143.27	Insurers may not cancel property which is capable of being rehabilitated, without allowing a

		reasonable period of time (not to exceed 90 days) in which to repair defects in the insured property.
May not cancel solely because of licensed day care homes or group day cares.	215 ILCS 5/155.31	Insurers may not cancel an insurance policy on a day care home or group day care home solely on the basis that an insured operates a duly licensed day care home or group day care home on the insured premises.
PERMISSIBLE REASONS FOR NON-RENEWAL	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not refuse to renew because agent's contract with insurer was terminated.	215 ILCS 5/141.01	Insurers may not refuse to renew any policy on the ground that the company's contract with the agent through whom the policy was obtained has been terminated.
May not refuse to renew a policy on sole basis of previous refusal, cancellation or nonrenewal by any insurer.	215 ILCS 5/143.10	Insurers may not refuse to renew a policy on the sole basis that the insured or applicant for such policy was previously refused issuance or renewal of a policy by an insurer, or such insured's policy was cancelled on a prior date by any insurer.
May not refuse to renew a policy because of space heaters.	215 ILCS 5/143.10c	Insurers may not refuse to renew a policy solely because a space heater is being used inside the dwelling.
Requirements for nonrenewal of a policy that has been effective for over 5 years.	215 ILCS 5/143.21.1	After a policy has been effective for over 5 years, insurers may nonrenew the policy only if : a) the policy was obtained by misrepresentation or fraud; b) the risk originally accepted has measurably increased; or c) the insured was given 60 days notice of nonrenewal.
Prohibited reasons for nonrenewal.	215ILCS 5/143.21a	Insurers may not nonrenew a policy for any of the following reasons: a) age of property, b) location of property, c) age, sex, race, color, ancestry, marital status or occupation of occupants.
Named insured must be given reasonable time to repair defects.	215 ILCS 5/143.27	Insurers may not nonrenew property which is capable of being rehabilitated, without allowing a reasonable period of time (not to exceed 90 days) in which to repair defects in the insured property.
May not nonrenew solely because of licensed day care homes or group day cares.	215 ILCS 5/155.31	Insurers may not nonrenew an insurance policy on a day care home or group day care home solely on the basis that an insured operates a duly licensed

CONSUMER INFORMATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Earthquake coverage – notice of availability.	215 ILCS 5/143.21c 215 ILCS 5/143.13(b) Counties in New Madrid Seismic Zone	day care home or group day care home on the insured premises. In response to all applications for fire and extended coverage insurance as defined in Section 143.13(b), for any property located in the New Madrid Seismic Zone susceptible to Modified Mercalli Intensity VII or greater damage, insurers shall provide information to the applicant regarding availability of earthquake insurance.
Insurer must advise insured of eligibility for the Illinois FAIR Plan Association.	215 ILCS 5/143.22	When a policy is cancelled, other than for nonpayment of premium or evidence of incendiarism, or nonrenewed, and if the location of the insured property is within the State of Illinois, insurers must notify named insureds of their eligibility for the FAIR Plan and explain the procedure to make application. Such notice must accompany or be included in the cancellation or nonrenewal notice.
Cancellation or nonrenewal notice must advise insured of right to request a hearing.	215 ILCS 5/143.23	If an insurer cancels a policy mid-term, for any reason except non-payment of premium, or nonrenews a policy, the cancellation or nonrenewal notice must advise the named insured of the right to request a hearing to appeal such decision, and the procedure to follow for such appeal.
Written notice of company’s complaint Department and Department of Insurance Public Service Department.	215 ILCS 5/143c 50 IL Adm. Code 931	No policy may be delivered unless the policyholder or certificate holder is provided written notice of the address of the complaint Department of the insurance company, and the address of the Public Service Department of the Department of Insurance or its successor. Rule 931 provides more specific guidance that:

		<p>a) such notice shall accompany any newly issued policy or binder;</p> <p>b) “written notice” shall be satisfied by: any printed notice delivered with a policy or certificate; any adhering label attached to a policy or certificate; any computerized notice issued concurrently with a computer issued policy or certificate; or any other form of individual written notice substantially similar to the above.</p> <p>Notice of Availability of the Department of Insurance shall be no less informative than the following: Illinois Department of Insurance, Consumer Division, 122 S. Michigan Ave., 19th Floor, Chicago, Illinois 60603 and Illinois Department of Insurance 320 West Washington Street, Springfield, Illinois 62767.</p> <p>The address to be used for the company shall be an office that can service all types of complaints. If one office cannot service all types of complaints, then the additional addresses of each appropriate service office must be given.</p> <p>In addition to providing the required addresses, the notification should set forth the minimum amount of information included in the following suggested wording: “This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following.”</p>
CONTENT OF POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
<p>Reasons for which the Director may disapprove a form filing.</p>	<p>215 ILCS 5/143(2)</p>	<p>The Director may disapprove any form that (i) violates any provision of the Illinois Insurance Code, (ii) contains inconsistent, ambiguous, or misleading clauses, or (iii) contains exceptions and conditions that will unreasonably or deceptively affect the risks that are purported to be assumed by the policy.</p>

Other language provision.	215 ILCS 5/155.32 215 ILCS 5/143.13(b)	<p>Insurers may provide insurance policies, endorsements, riders, and any explanatory or advertising material in a language other than English. In the event of a dispute or complaint, the English language version shall control the resolution.</p> <p>Applies to policies of fire and extended coverage as defined in Section 143.13(b).</p>
Requirements for form content and readability.	50 IL Adm. Code 753	<p>There must be printed at the head of the policy the name of the insurer or insurers issuing the policy, the location of the Home Office thereof; a statement of whether the insurer is a stock, mutual, reciprocal, Lloyds, alien insurer, or an insurer operating under a charter by Special Act of the Legislature of any state. There may be added thereto such devices, emblems or designs and dates as are appropriate for the insurer issuing the policy.</p> <p>All forms must be identified by a descriptive title, form number and edition identification.</p> <p>All forms must be printed in not less than eight-point type.</p>
DEFENSE WITHIN LIMITS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defense costs may not be included in limits of liability.	215 ILCS 5/143(2)	<p>Defense costs must be paid as supplement to the limits of liability. Defense costs may not be included in the limits of liability. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.</p>
DEFINITIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Definition of “policy of fire and extended coverage insurance.”	215 ILCS 5/143.13(b)	<p>Definition of “policy of fire and extended coverage insurance” – means a policy that</p>

		includes but is not limited to, the perils of fire and extended coverage, and covers real property used principally for residential purposes up to and including a 4 family dwelling or any household or personal property that is usual or incidental to the occupancy to any premises used for residential purposes.
Definition of “renewal” or “to renew.”	215 ILCS 5/143.13(d)	Definition of “renewal” or “to renew.”
Definition of “nonpayment of premium.”	215 ILCS 5/143.13(e)	Definition of “nonpayment of premium.”
Definition of “Policy delivered or issued for delivery in this State.”	215 ILCS 5/143.13(f)	Definition of “policy delivered or issued for delivery in this State.”
Definition of “cancellation” or “cancelled.”	215 ILCS 5/143.13(g)	Definition of “cancellation” or “cancelled.”
Definitions included in requirements for use of credit information in connection with personal lines policies - effective October 1, 2003.	215 ILCS 157/ Company Bulletin 2003-03 215 ILCS 157/22	Public Act 93-0114 regarding use of credit information for personal lines insurance became effective October 1, 2003. Please see the specific Public Act for details. In addition, please refer to Company Bulletin 2003-03 for specific information and guidance. 215 ILCS 157/22 requires insurers to review/consider an exception to the risk score based upon extraordinary life events after receiving a written and signed notification from the applicant or insured explaining how the applicant or insured believes the extraordinary life event adversely impacts the applicant's or insured's insurance risk score. (Effective July 1, 2006)
DISCRIMINATION	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
May not cancel certain policies, or refuse to issue or renew certain policies solely due to hate crimes.	215 ILCS 5/143.24c Title 26 U.S.C. Sections	Insurers may not cancel a policy, or refuse to issue or renew a policy solely on the basis that one or more claims have been made against any policy during the preceding 60 months, for a loss that is the result of a hate crime, if the insured provides

	170(b)(1)(A)(i), (ii), and (vi).	<p>evidence to the insurer that the act causing the loss is identified as a hate crime on a police report.</p> <p>Applies to policies issued to an individual, a religious organization described in Section 170(b)(1)(A)(i) of Title 26 of the United States Code, or an educational organization described in Section 170(b)(1)(A)(ii) of Title 26 of the United States Code, or any other nonprofit organization described in Section 170(b)(1)(A)(vi) of Title 26 of the United States Code that is organized and operated for religious, charitable, or educational purposes.</p>
Redlining -- When geographic location of risk may be grounds for refusing to insure.	215 ILCS 5/155.22	Insurer may not refuse to provide insurance solely on the basis of the specific geographic location of the risk unless such refusal is for a business purpose which is not a mere pretext for unfair discrimination.
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 5/424(3)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.
Civil Union Partnerships-effective June 1, 2011	750 ILCS 75/1 Civil Union Fact Sheet	<p>The Religious Freedom Protection and Civil Union Act (Public Act 96-1513) will allow both same-sex and different-sex couples to enter into a civil union with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples.</p> <p>Please note that whenever a policy form, application, or rating rule includes the terms "spouse," "married," or "immediate family</p>

		member" it is required that parties to a civil union be included in these definitions.
DOMESTIC ABUSE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Rating, claims handling, and underwriting decisions based solely on domestic violence.	215 ILCS 5/155.22b	No insurer may that issues a property and casualty policy may use the fact that an applicant or insured incurred bodily injury as a result of a battery committed against him/her by a spouse or person in the same household as a sole reason for a rating, underwriting, or claims handling decision.
Intentional acts exclusion – exception for innocent co-insured.	215 ILCS 5/155.22b	If a policy excludes property damage coverage for intentional acts, the insurers may not deny payment to an innocent co-insured who did not cooperate in or contribute to the creation of the loss if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss.
EXCLUSIONS & LIMITATIONS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Blank endorsements are acceptable for filing, with exceptions.	215 ILCS 5/143(2)	Blank endorsements may be filed, but may not be used to decrease coverages, increase rates or deductibles, or negatively alter any terms or conditions of coverage, unless such change is at the sole request of the insured. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Certain restrictive endorsements must be signed and dated by insured.	215 ILCS 5/143(2)	Animal bite exclusions, roof exclusions, shed exclusions, and trampoline exclusions will be acceptable for filing only if they contain a provision for the insured to sign and date the endorsement, indicating acknowledgement and acceptance that there is no coverage provided. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions

		that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Communicable disease exclusions must be specific.	215 ILCS 5/143(2)	Form may not exclude broad categories of communicable disease. Form may exclude only specific diseases, such as AIDS, or specific classes of diseases, such as sexually transmitted diseases. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Electromagnetic exclusions are prohibited.	215 ILCS 5/143(2)	Electromagnetic exclusions are prohibited. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Host liquor liability exclusions are prohibited.	215 ILCS 5/143(2)	Insurers may not exclude coverage for Host Liquor Liability. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Intoxicant or narcotic exclusions are prohibited unless specific language is included.	215 ILCS 5/143(2)	Intoxicant or narcotic exclusions are prohibited unless they include the following: 1) a standard set forth with regard to what is considered an intoxicant or narcotic; 2) a standard set forth as to what levels of consumption defines intoxication; 3) a standard of proof set forth; and 4) language that distinguishes the intent or motivation. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in

		violation of Section 143(2) and will be disapproved accordingly.
Pollution exclusion requirements.	215 ILCS 5/143(2)	Pollution exclusions may not apply to damage caused by heat, smoke or fumes from a hostile fire, and excluded items may not include ordinary products found in the household, which are used for the cleaning and maintenance of the premises. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Vandalism and Malicious Mischief provisions must conform to the Standard Fire Policy.	215 ILCS 5/397 50 IL Adm. Code 2301 215 ILCS 5/143(2) David and Kathryn Lundquist v. Allstate Insurance Company	Vandalism and Malicious Mischief exclusions should reflect the provision found in the Standard Fire Policy regarding vacant or unoccupied buildings. Specifically, ensuing loss to a described building, as a result of fire, that is vacant or unoccupied must be covered until the building is vacant or unoccupied for 60 consecutive days. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
MOLD	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Filing procedures and requirements for exclusions and limitations related to mold.	Company Bulletin 2002-07	Please refer to Company Bulletin 2002-7 for specific information and guidance.
TERRORISM	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Terrorism Risk Insurance Program Reauthorization Act of 2015 and Filing Procedures and Requirements for Terrorism-Related Forms, Rules and Rates.	Company Bulletin 2015-03	Please refer to Company Bulletin 2015-03 for specific information and guidance.
GROUP POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Group personal property and dwelling fire policies are not specifically allowed by statute.	215 ILCS 5/388a-388g 215 ILCS 5/393a-393g 215 ILCS 5/400.1 IL Adm. Code 2302 215 ILCS 5/900-906	There are no enabling statutes in Illinois that authorize the writing of group fire, casualty, inland marine, or surety insurance. The effect is to require that all fire, casualty, inland marine, or surety insureds of the same class be treated alike. These provisions are not applicable where the Illinois Insurance Code specifically authorizes the grouping of risks. The only coverages that are currently authorized on a group basis are: a) group vehicle; b) group professional liability; c) group inland marine; d) group legal.
ACTION AGAINST COMPANY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Periods of limitation tolled.	215 ILCS 5/143.1	If the form contains a provision limiting the period of time within which the insured may bring suit, the provision must state that the running of such period is tolled from the date proof of loss is filed until the date the claim is denied in whole or in part.
Insured must commence suit or action against the company within 12 months after inception of the loss.	215 ILCS 5/397 215 ILCS 5/143(2)	Per the Standard Fire Policy, no suit or action for the recovery of any claim shall be sustainable in any court of law or equity unless the all the requirements of the policy have been complied with, and unless commenced within 12 months after inception of the loss. Any forms that contain provisions that provide less than 12 months conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed

		by the policy, in violation of Section 143(2) and will be disapproved accordingly.
DEFENSE COSTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Defense costs may not be included in limits of liability.	215 ILCS 5/143(2)	Defense costs must be paid as supplement to the limits of liability. Defense costs may not be included in the limits of liability. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
PAYMENT OF LOSS TIME PERIOD	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
If a form states when a claim will be paid, the language must conform to this Rule.	50 IL Adm. Code 919.50	If the form contains a provision stating when a claim shall be paid, the provision must comply with this Rule that states that the company shall affirm or deny liability on claims within a reasonable time and shall offer payment within 30 days of affirmation of liability if the amount of the claim is determined and not in dispute. For those portions of the claim which are not in dispute and the payee is known, the company shall tender payment within said 30 days.
OTHER INSURANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for “Other Insurance” provisions.	215 ILCS 5/397 215 ILCS 5/143(2)	“Other Insurance” provisions must state that coverage under the policy will share proportionately with other similar coverages the insured may have. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.

PREMIUM REFUND	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Minimum earned premium provisions are prohibited.	215 ILCS 5/397 215 ILCS 5/143(2)	The Standard Fire Policy provides for pro rata return of premium if the insurer cancels the policy. Any forms that contain provisions to the contrary conflict with the Standard Fire Policy minimum language, and are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
PUNITIVE DAMAGES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Punitive damages.	95 IL. App. 34 3d 1122 215 ILCS 5/143(2)	An insurer may not reimburse an insured for punitive damages assessed as a result of the insured's own misconduct. If a form excludes coverage for punitive damages, the form must state that it provides a defense for claims involving both compensatory and punitive damages. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
REBATES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Payments or acceptance of rebates prohibited. Rebates – penalties	215 ILCS 5/151 215 ILCS 5/152	No insurer, agent or broker shall offer, give, etc., any rebate of premium, agent's commission, profits, dividends, or any special advantage in date of policy or age of issue, or any other valuable consideration or inducement, upon issuance or renewal, which is not specified in the policy contract of insurance. However, insurers may pay a bonus to policyholders or abate their premiums, in whole or

		<p>in part, out of surplus accumulated from nonparticipating insurance.</p> <p>Insurers may also offer a child passenger restraint system, or a discount from the purchase price of a child passenger restraining system to policyholders, when the purpose of such system is the safety of a child and compliance with the “Child Passenger Protection Act.”</p> <p>No insured or applicant shall directly or indirectly receive or accept any rebate of premium or agent’s or broker’s commission, or any favor or advantage, or any valuable consideration or inducement, other than such as is specified in the policy.</p> <p>Any company or person violating any provision of Section 151 shall be guilty of a Class B misdemeanor.</p>
STANDARD FIRE POLICY	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Coverage must conform to Standard Fire Policy.	215 ILCS 5/397 215 ILCS 5/397.05 50 IL Adm. Code 2301 Standard Fire Policy Form	All policies or contracts covering fire and lightning issued or delivered by an insurer subject to the provisions of the Illinois Insurance Code, or by any agent or representative thereof on any property in this State must conform to the Standard Fire Policy, and no provision shall be more restrictive than those contained in the Standard Fire Policy.
VALUED POLICIES	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Valued policies are not allowed in Illinois.	215 ILCS 5/397	Valued policies are not allowed in Illinois. The minimum contents requirement is the Standard Fire Policy, which requires, at minimum, Actual Cash Value coverage.
VOIDANCE	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Requirements to rescind a policy for misrepresentation or false warranty.	215 ILCS 5/154	A policy may not be rescinded, defeated or avoided unless the misrepresentation is stated in policy, endorsement or rider attached thereto, or in the written application therefore, and was made with the actual intent to deceive, or materially affected either the acceptance of the risk or the hazard assumed by the company. No personal lines policy may be rescinded after the policy has been in effect for one year, or one policy period, whichever is less.
MISCELLANEOUS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Prejudgment interest.	215 ILCS 5/143(2)	Illinois courts do not award prejudgment interest. However, if a form references payment of prejudgment interest, then such payment must be a supplementary coverage and not paid within the policy limits. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Post-judgment interest.	215 ILCS 5/143(2)	If a form references payment of post-judgment interest, then such payment must be a supplementary coverage and not paid within the policy limits. Any forms that contain provisions to the contrary are deemed to contain exceptions and conditions that unreasonably or deceptively affect the risks that are purported to be assumed by the policy, in violation of Section 143(2) and will be disapproved accordingly.
Endorsements that amend another endorsement are prohibited.	215 ILCS 5/143(2)	An endorsement may not be used to amend another endorsement. Such endorsements are deemed to result in inconsistent, ambiguous, or misleading clauses, in violation of Section 143(2) and will be disapproved accordingly.
Requirements for termination of line of business.	215 ILCS 5/143.11a	Insurers must notify the Director of the termination of a line of insurance, as well as the

		reasons for the action, 90 days before termination of any policy is effective.
Negative response roll-ons are prohibited.	215 ILCS 5/429	Form changes that are optional may not be applied “automatically unless the insured rejects.” Insureds must be offered the option and must respond affirmatively for the change to apply. To apply the option automatically unless rejected is to engage in an unfair or deceptive act or practice.
Mine subsidence coverage must be automatically included on policies in 34 Illinois counties. In all other counties, insurers must provide mine subsidence coverage if the insured requests it.	215 ILCS 5/805.1 215 ILCS 5/807.1 List of 34 counties	In the 34 Illinois counties that have been determined to have a significant mine subsidence exposure, every policy issued or renewed insuring a residential or commercial building on a direct basis shall include, at a separately stated premium, commercial mine subsidence coverage unless waived in writing by the insured. In all other Illinois counties, insurers must provide mine subsidence insurance coverage if the insured requests it.
RATE, RULE, RATING PLAN, CLASSIFICATION, AND TERRITORY FILING REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Dwelling Fire rates and rules are required to be filed in Illinois. Company rate information must be completed for each company for which a filing is being submitted. “Me too” filings are not allowed. Advisory organizations no longer make rate and rule filings in Illinois, so the sections dealing with third party filers for rates and rules do not apply. Insurers may authorize attorneys, consulting firms, etc. to submit	50 IL Adm. Code 754	Rate and rule filings are use and file. Such rate and rule filings must be received by the Department no later than 10 days after their stated effective dates. Companies under the same ownership or general management are required to make separate individual filings. Company group (“Me too”) filings are not allowed. All filings required under subsection (b)(1) must be submitted using the System for Electronic Rate and Form Filing (SERFF) and must include: 1) The name of the advisory organization or company making the filing;

<p>rate filings to the Department, as long as the filing includes proper authorization.</p>		<p>2) Identification of the rule with the manual or kind of insurance to which it applies;</p> <p>3) Notification as to whether the filing is new or supersedes a present filing. Identification of all changes in all superseding filings, as well as to underline the new wording and overstrike the deleted or changed language and give an explanation for the changes being made, but alternative methods of indicating changes will also be accepted; and</p> <p>4) The effective date of use.</p> <p>Company Rate Information shall be completed for each company when a filing is being submitted that includes:</p> <p>A) Overall % Indicated Change.</p> <p>B) Overall % Rate Impact – This is the statewide average percentage change to the accepted rates for the coverages included for each company.</p> <p>C) Written premium change for this program – This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.</p> <p>D) Number of policyholders affected for this program – This is the number of policyholders affected by the overall percentage rate impact for each company.</p> <p>E) Written premium for this program – This is the statewide written premium for each company.</p> <p>F) Maximum % Change.</p> <p>G) Minimum % Change.</p>
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INDIVIDUAL RISK RATING	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Rates are not required to be filed for individual risks. However, insurers must maintain documentary information for review by the Department.	50 IL Adm. Code 754	<p>A company is not required to file rates for individual Illinois risks which cannot be rated in the normal course of business rating because of special or unusual characteristics and must be rated on the basis of underwriting judgment.</p> <p>Company must maintain documentary information regarding such individual risk rates for review by the Department's Property & Casualty Compliance Unit.</p> <p>A company is not required to file rates on individual risks where the development of the rate for the individual risk is dependent on an inspection of improvements on real property and an application of a schedule, the elements of which include loss ratio, hazard analysis, risk analysis and classification of municipal fire defenses.</p> <p>However, the company must maintain documentary information and records in its offices, which will be available for review by the Department's Property & Casualty Compliance Unit.</p>
CREDIT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS

Initial notification	215 ILCS 157/30	If credit information is used to underwrite or rate a risk, the insurer or the agent must disclose on the application or at the time the application is taken, that credit information may be used in connection with the application. The disclosure may be written or provided in the same medium as the application for insurance. An example of acceptable language is found within the Section.
Reunderwrite/Rerate based on credit	215 ILCS 157/20	An insurer shall at the request of an insured or the insured's agent, re-underwrite and re-rate the insured's personal insurance policy based on a current credit report or insurance score unless the insurer's treatment is as 1) otherwise approved by the Department; 2) the insured is already in the most favorably priced tier; 3) credit was not used for rating when the policy was initially written; 4) the insurer reevaluates the insured at least every 36 months after policy issuance based on underwriting and rating factors other than credit information or 5) the insurer has recalculated an insurance score or obtained an updated credit report of the consumer in the previous 12-month period.
Extraordinary life events	215 ILCS 157/22	215 ILCS 157/22 requires insurers to review/consider an exception to the risk score based upon extraordinary life events after receiving a written and signed notification from the applicant or insured explaining how the applicant or insured believes the extraordinary life event adversely impacts the applicant's or insured's insurance risk score.
CREDIT SCORING AND REPORTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Requirements for use of credit information in connection with personal lines policies - effective October 1, 2003.	215 ILCS 157/ Company Bulletin 2003-03	Public Act 93-0114 regarding use of credit information for personal lines insurance became effective October 1, 2003.

	215 ILCS 157/22	Please see the specific Public Act for details. In addition, please refer to Company Bulletin 2003-03 for specific information and guidance.
OTHER	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
Rating requirements for child placed in the household by the IL Dept of Children & Family Services or private welfare agency.	215 ILCS 5/155.30	For purposes of determining premium rates for personal multi-peril property insurance policies covering real property used principally for residential purposes or any household or personal property that is usual or incidental to the occupancy of any premises used for residential purposes, an insurer shall not treat a child placed in the household by the IL Dept of Children and Family Services or a private child welfare agency differently from a natural or adopted child of the policy owner. Insurers shall not consider a policy owner's acceptance of the placement of a foster child in his/her household as a use of the family dwelling for a business purpose.
Unfair methods of competition or unfair or deceptive acts or practices defined.	215 ILCS 5/424(3)	It is an unfair method of competition or unfair and deceptive act or practice if a company makes or permits any unfair discrimination between individuals or risks of the same class or of essentially the same hazard and expense element because of the race, color, religion, or national origin of such insurance risks or applicants.
Procedure as to unfair methods of competition or unfair or deceptive acts or practices not defined.	215 ILCS 5/429	Outlines the procedures the Director follows when he has reason to believe that a company is engaging in unfair methods of competition or unfair or deceptive acts or practices.